




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
All Provider Bulletin 202
February 2010

TO: All Providers Participating in MassHealth
FROM: Terence G. Dougherty, Medicaid Director 
RE: **Credit Balance Overpayment Policy**

Background

Providers participating in MassHealth are required to return overpayments classified as credit balances to MassHealth within 60 days of their receipt. Credit balances can occur, for example, if you have received payment from MassHealth for a claim for which reimbursement has been received from third-party payers, such as Medicare, private insurance, or worker's compensation.

**Administrative
Fines for Failure
to Comply**

MassHealth may impose administrative fines against providers who do not return overpayments classified as credit balance within 60 days of their receipt, per 130 CMR 450.238(B)(7). To avoid such administrative fines, you should conduct periodic reviews of your financial records to identify and refund credit balances owed to MassHealth.

**Waiver of
Administrative
Fines**

From the time you receive this bulletin until March 31, 2010, MassHealth will waive its right to impose administrative fines on credit balances identified and listed on the attached Credit Balance Response Form (CBRF). **This amnesty waiver does not apply to any current or previously conducted audit, or any notification of intent to audit, or to any Attorney General Medicaid Fraud Division, Office of the Inspector General or other state or federal agency activities.**

This amnesty waiver does not apply to any provider who participated in a past amnesty waiver, since prior participation included a certification that they had procedures in place to return overpayments within 60 days.

**Review Your
Records**

You should review your records to ensure that you have identified all outstanding credit balances. To participate in the amnesty waiver program, report your credit balances on the attached CBRF. This form is available on MassHealth's Web site, where it can be filled out online and printed for submission. Any provider taking advantage of this waiver program must certify that it has procedures in place to ensure compliance with the requirement to return overpayments within 60 days.

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**Review Your
Records**
(cont.)

Note: The CBRF will be available online only until the close of business on March 31, 2010. To access an online copy of the CBR form, go to www.mass.gov/masshealth. Click on the link to MassHealth Provider Forms located in the lower right corner.

Provider Requirements

Providers must:

- (1) Complete the upper portion of the CBRF with a valid signature to certify compliance procedures, and complete the lower portion with the requested information.
- (2) If the CBRF exceeds 20 claims, please complete the upper portion of the CBRF with a valid signature to submit compliance procedures and submit an electronic file of the information requested on the lower portion of the CBRF. The file should include the fields, in order, as listed on the CBRF. Acceptable file formats are MS-Excel spreadsheet, MS-Access database, and Text file with comma (",") delimiters (CSV).

For claims to be systematically voided or adjusted, submit a remittance advice highlighting each claim and amount.

**MassHealth
Processing**

Do not send a check to MassHealth.

For claims that can't be systematically voided or adjusted, a recoupment account will be set up for the amount of the claim submitted as overpayment. Unless other arrangements have been made, MassHealth will recover 100% of your claims payments until the amount recovered equals the identified credit balance amount.

**CBRF and Files
Submission**

Send the fully completed CBRF, or if the CBRF exceeds 20 claims, the upper portion of the CBRF with a valid signature and an electronic file postmarked by March 31, 2010, to:

MassHealth
Financial Compliance Unit
The Schraffts Center
529 Main Street, Third Floor
Charlestown, MA 02129

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.



Credit Balance Response Form

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Return to: MassHealth • Financial Compliance Unit • The Schraffts Center • 529 Main Street, Third Floor • Charlestown, MA 02129

Name of Provider		NPI	
Address		Business Phone No.	
City/Town	State	Zip	Business Fax No.

I hereby certify, under the pains and penalty of perjury, that we have procedures in place to assure compliance with the requirement to return overpayments to MassHealth within 60 days of their receipt pursuant to 130 CMR 450.235 and 450.238.

Provider Contact Name (please print)

Signature of Authorized Person Completing Form

Title

Date

Member Name	RID/ Member ID	ICN/TCN	Dates of Service	Credit Balance	Reason

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